[redacted]

DSHS ANNUAL SURVEY

1994

(This copy is for public use, but must remain in the building at [redacted] When you have completed your perusal, please return it to the holder at the receptionist desk.)

Thank you

[redacted]

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

CO
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	[redacted]	A. BUILDING _____ B. WING _____	08/18/94

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
[redacted]	[redacted]

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	483.20(C)(1)(I) LEVEL B: INITIAL COMMENTS INITIAL COMMENTS: This report is the result of a full survey conducted 08/15/94 through 08/18/94 by Glenn Knepper, team coordinator, and Bett Schlemmer, Elaine Odom, Irene Lund and Linda Ronco, team members. DSHS, Aging and Adult Services Nursing Home Services N27-23 District 5A 1949 South State Street Tacoma, WA 98405-2850 Phone: (206) 593-2075 FAX: (206) 593-2373	F 000	It is the opinion of the facility that most of the cited deficiencies do not reflect negative resident care outcomes. While neither admitting to nor denying the alleged deficiencies cited within this document, [redacted] submits the following Plan of Correction:	

PROVIDER REPRESENTATIVE'S SIGNATURE	TITLE	(X5) DATE
[redacted]	[redacted]	9-2-94

>Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) The findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

* Changes made and communicated during telephone call with AONS on 9/28/94 J Bradley Stockwell [redacted]

[redacted] TACOMA SATELLITE

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F 000	(Continued From Page 1) Team Coordinator			
F 153	483.10(a)(3) LEVEL B: EXERCISE OF RIGHTS 42 C.F.R. 483.10(a)(3) (3) In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident are exercised by the person appointed under State law to act on the resident's behalf. This LEVEL B is not met as evidenced by: Based on review of records, comments made by staff and interview with sampled resident #122, it was determined that the facility failed to ensure that the rights of this sampled resident were exercised appropriately by the person appointed under the State law. Examples included but were not limited to the following: Sampled resident #122 was identified by staff on rounds 8/15/94 and through the resident's minimum data set (MDS) assessment of 4/13/94 as alert and oriented, interviewable with some short term memory loss but capable of making decisions. A social worker assessment of the resident's cognitive status conducted on 6/2/94 showed the resident with minimal to moderate cognitive impairment but able to communicate her/his needs and wishes. [redacted] guardianship had been established on 01/07/94.	F 153	The summarization of documentation referenced in this deficiency represents extrapolation of information which reflects erroneous assumptions or incorrect conclusions. As an example, the reference to signing in the gift shop cited on page 3 of 25 was a financial issue raised because unauthorized third parties such as visitors were signing resident's personal charges in contradiction of acceptable Federal patient trust audit practices. Facility procedure was reaffirmed in which only resident or the Guardian were authorized signers. Resident #122 continues to make and sign for gift shop purchases. Significant assumptions were made throughout the text of F153 which neither acknowledges that facility has extensive awareness of resident's explicit preferences, even when they change with frequency, nor that the resident has a documented medical history of impaired judgment in matters of understanding consequences. The facility challenges the summary conclusions of the cited survey text as inexact, and therefore disagrees with the validity of the deficiency. Note Plan of Correction on page 6 of 25. Facility does not control Court calendar or schedule and cannot provide dates pertinent to changes in legal designation of Guardianship. [redacted] 9-24-94	Unless 10-1-94 and Ongoing

FORM HCFA-2567(10-84)

9-24-94